

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

SECTION A: REGISTRANT INFORMATION		
A1. Name of Committee/Conduit (in full) Chery Borken for Register	d Deeds	
A2. Committee/Conduit ID Number (if applicable) A3. Email Cheryl. berke	24 (C) C) A4. Phone (27) (C) -47	1-9110
A5. Mailing Address S17 DH AVE Second BA	Y COM A7. State V U L	A8. Zip 96303
SECTION B: REPORT INFORMATION		
B1. Report Type (Choose One) January Continuing		2. Special Election ate (if applicable)
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.	B3. Reporting Period Start Date OI /OI / 2 (B4. Reporting Period End/Date	
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar	06/30/21	
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) General Fund Segregated Fund		
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION	(OPTIONAL)	
Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	C1. Exemption Request and Affirmation Yes, this registrant is eligible for and would like to request an exercalendar year. No, this registrant is not requesting	a filing exemption mption for this
SECTION D: CERTIFICATION		
I certify that the above named registrant has not engaged in any financial transactions during the puthe same as previously reported. This report fulfills the requirements under Wts. Stat. § 11.0103(3)	eriod covered by this report and that the call(d).	sh balance remains
Authorized Representative D1. Printed Name Chery Berken D2. Signature Chery Berken Cheur Beelo		. Date 1/6/21



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

Recelled

SECTION A: REGISTRANT INFORMATION	ON			
A1. Name of Committee/Conduit (In full) Berndt for Brown County Executive				
A2. Committee/Conduit ID Number (if applicable)	A3. Email	12.2.51	Phone	
A5. Mailing Address	berndt_mark@y	/ahoo.com (92	20) 246 A7. State	
1044 WRIGHTSTOWN ROAD	DE PERE		WI	54115
SECTION B: REPORT INFORMATION				
BI, Report Type (Choose One)				B2, Special Election
January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	☐ Fall Pre-Primary ☐ September ☐ Fall Pre-Election	Special Pre-Pi Special Pre-Bi Special Post-I	ection	Date (if applicable)
Reporting Period The start date for your campaign finance report should be the day f previous campaign finance. Example: If your previous report had a an end date of June 30, this report should have a start date of July.	start date of January 1 and	B3. Reporting Period S 1-01 - B4. Reporting Period E	202	
Review the filing calendar with reporting periods online at: https://		6-18		21
Party and Legislative Campaiga Committees Only B5. Is This Report for Your General Fund or Segregated Fund	Account? (Chance One)	30		
General Fund Segregated Fund	· · · · · · · · · · · · · · · · · · ·			
SECTION C: LIMITED ACTIVITY REPOR	TING EXEMPTION	(OPTIONAL)		
Filing Exemption Registrants that will not accept contributions, make disbursements,	OF incur ablications in an	C1. Exemption Request	and Affir	nation
aggregate amount of more than \$2,000 in a calendar year are eligit campaign finance reports. Exempt status is effective only for the cal	ble for exemption from filing	and would like to	request an	e for a filing exemption exemption for this
granted. Registrants wishing to remain on exempt status must renew not claim exemption in the year of their election before the day they	each year. Candidates may	calendar year. No, this registrant	is not requ	esting exemption
SECTION D; CERTIFICATION				
I certify that the above named registrant has not engaged in any fine the same as previously reported. This report fulfills the requirement.	ancial transactions during the p	eriod covered by this repor	t and that th	he cash balance remains
Authorized Representative	5 MAGE 77 35, DZAZ, § 11,0105 [5]	(4).		
D1, Printed Name D2, 8	Signature	1/		D3, Date
Mark Berndt	Mark Bern	OH-		6/18/2021



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

SECTION A: REGISTRANT INFORMATION	
A1. Name of Committee/Conduit (in full)	
A2. Committee/Conduit ID Number (if applicable) A3. Email	
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1146 9MSt.	1608 9418 -8008
A5. Mailing Address 3 A6. City	A7. State A8. Zip
A S IN A	1 JAP TIPOTO
Megan Bre harcht Lagmay . Oreen Bau	1 59324
(600)	
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One)	B2. Special Election
January Continuing Spring Pre-Primary Fall Pre-Primary	Special Pre-Primary Date (if applicable)
July Continuing Spring Pre-Election September	Special Pre-Election
Fall Pre-Election	Special Post-Election
Reporting Period The start date for your campaign finance report should be the day following the end date of your	B3. Reporting Period Start Date
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	June 0 200
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)	
General Fund Segregated Fund	
7	
SECTION C. LIMITED ACTIVITY DEPORTING EXEMPTION	CONTROLLATA
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION	(OPTIONAL)
Filing Exemption	
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CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

SECTION A: REGISTRANT INFORMATION	
A1. Name of Committee/Conduit (in full)	
A2. Committee/Conduit D Number (if applicable) A3. Et ail	14/ No.
A.S. Eljan	A4. Phone 920 \$97-3052
A5. Mailing Address A6. City	A7. State A8. Zip
3249 West Pont Pd Green	920 \$97-3052 A7. State A8. Zip WJ 54313
	0
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One) January Continuing Spring Pre-Primary Fall Pre-Prin	nary Special Pre-Primary Date (if applicable)
January Continuing Spring Pre-Primary Fall Pre-Primary July Continuing Spring Pre-Election September	mary Special Pre-Primary Date (if applicable) Special Pre-Election
Fall Pre-Ele	
Reporting Period The start date for your campaign finance report should be the day following the end date of	B3. Reporting Period Start Date
previous campaign finance. Example: If your previous report had a start date of January l an end date of June 30, this report should have a start date of July 1.	
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCa.	
Party and Legislative Campaign Committees Only	lendar June 30 2021
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose On	e)
General Fund Segregated Fund	
SECTION C. LIMITED ACTIVITY DEPORTING EVEND	TION (OPTIONAL)
SECTION C: LIMITED ACTIVITY REPORTING EXEMP	
Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in	C1. Exemption Request and Affirmation an Yes, this registrant is eligible for a filing exemption
aggregate amount of more than \$2.000 in a calendar year are eligible for exemption from campaign finance reports. Exempt status is effective only for the calendar year in which it	filing and would like to request an exemption for this
granted. Registrants wishing to remain on exempt status must renew each year. Candidate.	
not claim exemption in the year of their election before the day they appear on the ballot.	1911 to, and registratives not requesting exemption
SECTION D: CERTIFICATION	
I certify that the above named registrant has not engaged in any financial transactions dur	ing the period covered by this report and that the cash balance remains
the same as previously reported. This report fulfills the requirements under Wis. Stat. § 1	1.0103(3)(d).
Authorized Representative D1. Printed Name D2. Signature	D3. Date
Rench J. Budy Att	1 1) 111
Tarrey July Hate	1 Joull 690-21
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	2021 5
	JUN 30 2021 To

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		NANCE REPORT EES OF WISCO		N		bevia
Is This Report an Amendment:	X	No				Quecelved 2021 to
Instructions for completing schedules are on the back of each schedule.						"" - 3 5051 \$
COMMITTEE IDENTIFICATION						JUL , SE
Name of Committee						-Brown
Friends of Iodd Delain	-					FICE USE ONLY
3838 Conard Road City, State and Zip Code						
New Franken, WI 5422	9					
Please check if address is different than previously reported, a	nd com	plete the Campaign Reg	istra	tion State	ment in the b	oack of this form.
NAME OF REPORT						
☐ January Continuing ☐ Pre-Primary ☐ ☐ Pre-Primary ☐ ☐ ☐ Pre-Election ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	_	Spring I	Fall	:	Special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND		Column A		Colur	nn B	
DISBURSEMENTS		This Period		Cale		
1. RECEIPTS				Year-T	o-Date	
1A. Contributions (Including Loans) from Individuals	\$	0	\$	()	
1B. Contributions from Committees (Transfers-In)	\$	0	\$	()	_
1C. Other Income and Commercial Loans	\$	O	\$	C)	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	0	\$	C)	
2. DISBURSEMENTS						
2A. Gross Expenditures	\$	60	\$	6	0	
2B. Contributions to Committees (Transfers-Out)	\$	0	\$	(0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	60	\$	6	0	
CASH SUMMARY						
Cash Balance Beginning of Report	\$	434, 70				
Total Receipts	\$	0				
Subtotal	\$	434. 70				
Total Disbursements	\$	60.00				
CASH BALANCE END OF REPORT	\$	374.70				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	0				
LOANS (Balance at the Close of This Period-3B)	\$	0				
I certify that I have examined this report and to the best of	f my kn	owledge and belief it i	s tru	ie, correc	t and comple	ete.
Type or Print Name of Candidate or Treasurer	AND DESCRIPTION OF THE PERSON NAMED IN	of Candidate or Treasurer	t		Date: C	15-FO-F1
Todd J. Delain	Emoil &	2001 Dela	Qa.	mail C	Day Daysime !	Phone: 02 021 5 2024

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Email Friends of todd delain Egmail. Com Daytime Phone: 920265-3834

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total

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	Check if: I In-Kind I Loan Conduit – Ethics ID#			
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	Check if: I In-Kind I Loan Conduit – Ethics ID#			
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	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s O	0
		TOTAL ITEMIZED CONTRIBUTIONS	s 0	O
	TOTAL ANON	IYMOUS CONTRIBUTIONS \$10 OR LESS	s O	C
		SUTIONS RECEIVED FROM INDIVIDUALS	s O	0



RECEIPTS Contributions from Committees (Transfers-In)

Page 2-of 7

Complete Committee Name Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.

Date	Date Full Name of Committee, Mailing Address and Zip Code					
		,				
	Check if: I In-Kind Loan		- M			
	Check if:					
	Check if:					
	Check if: I In-Kind Loan					
	Check if:					
	Check if: ☐ In-Kind ☐ Loan					
	Check if: I In-Kind Loan					
	CHECK II. 11 EPKINO 11 LOGIN					
	Check if:					
	Check if: 🖂 In-Kind 🗔 Loan		·			
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ C)			
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	s C)			



RECEIPTS Other Income and Commercial Loans

Page 3 of 7

Complete Con	amittee Name —	ladd	Dola	in							
Instructions	for completing s	chedules are	on the ba	ck of each	n sched	ule.					
Date	Full Nar	me, Mailing A of Source of	ddress and . Income	Zip Code			Type of Income	•			Amount
										·	
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						Т	OTAL ITEMIZE	ED OTHER INCO	ME :	\$ (0
											^
							TOTA	AL OTHER INCO	ME .	<u>\$</u>	<u> </u>

DISBURSEMENTS Gross Expenditures

Page <u>4</u> of <u>7</u>

Complete Committee	Name			
Friends	of	Todd	Delain	

Instructions for	completing schedules are on the back of each schedule.			
Date	Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made			
4/1	446 Tech nologies LLC 446 Cornelius Drive 6 reen Bay, wi Check if: 1 In-Kind Offset 54311	Domain Registration	# 60	
2021	Check if: In-Kind Offset 5431/			
			ſ	
	Check if:			
ş	Check if:			
	Check if: □ In-Kind Offset			
	Check if:			
	Check if:			
	Check if:			
	Check if:			
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 60	
		TOTAL ITEMIZED EXPENDITURES	\$ 0	
		TOTAL UNITEMIZED EXPENDITURES	\$ O	
			\$ (00)	
		TOTAL EXPENDITURES	(S I A E)	



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	5	of	7
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Complete Committee Name			
Friends of	Todd	Delain	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amo	nunt I	Y-T	-n
Date	Tall Halling Address and Elip Gode	7.000	Jun	Tol	tal
			1		
	Check if: n-Kind Loan				
	Check if: 1 In-Kind Loan				
	Check if: In-Kind Loan				
				:	
	Check if: In-Kind Loan				•
	Check if: In-Kind Loan				
	Check if: In-Kind Loan				
	Check if: 🖂 In-Kind 🗔 Loan				

	Check if: In-Kind Loan				
			l		ı
	Check if: In-Kind Loan				
			O	0	i
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$			·
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	ð	0	•

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page 6 of 7

Complete Committee N	lame			
Friends	af	Todd	Delain	

Instructions for completing schedules are on the back of each schedule.

	Tot sompleting solitorates and our the pack of capit					
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulativ This	e Payments Period	Outstanding Balance At Close of This Period
Date	Full Name, Malling Address and Zip Code of Creditor	The state of the s				
1 1		Nature of Debt (Purpose)				
		radia of Basi (i diposa)				
Date	Full Name, Mailing Address and Zip Code of Creditor				•	
I = I						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		N. T.				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
I = I						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
I = I		No.				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					***
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Not as of Build (Business)				, n=
		Nature of Debt (Purpose)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE \$	(2
		тот	AL ITEMIZED OBLIGA	ATIONS \$		0
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	R LESS \$	i	0
		тота	AL INCURRED OBLIGA	ATIONS \$		0

Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page _____ of _____

<u> Frier</u>	nds of lodd Dela	in				
Instructions fo	or completing schedules are on the back of e	ach schedule.		·		
Date	Full Name, Mailing Address and Zip Code of Loa	an Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1						
List All Endorse	ers or Guarantors (if any)				, L	'
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation				
		Amount Guarant	teed Outstanding			
		\$				
Full Name, Ma of Guarantor	ling Address and Zip Code	Occupation				
		Amount Guarant	teed Outstanding	· · · · · · · · · · · · · · · · · · ·		
		\$				
	Full Name, Mailing Address and Zip Code of Loa	an Source	Outstanding Obligations Beginning of This	New Loans This	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /			Period	Period		
	ers or Guarantors (if any)					
	iling Address and Zip Code	Occupation				
of Guarantor		Amount Guaran	teed Outstanding	- ANTONIA MARIONA		
		\$	•			
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation				
		1	teed Outstanding			
		\$				
	Full Name, Mailing Address and Zip Code of Loa	an Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /						
List All Endorse	ers or Guarantors (if any)			<u> </u>	1171 4	
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation			- Andrews - Court At	
		Amount Guaran	teed Outstanding	VARIANCE VIEW		
Full Name Ma	iling Address and Zip Code	Occupation		·		
of Guarantor	g		teed Outstanding			
		\$	leed Outstanding			
<u></u>	*END OF F	REPORT*	SUBTOTAL O	UTSTANDING LOAN	NS THIS PAGE	\$ Ø
	LIND OF I	(LI OI(I		TOTAL OUTSTAN		

Brown County

C. ST

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

SECTION A: REGISTRANT INFORMATION	DN					
A1. Name of Committee/Conduit (in full) Eisenheim for a Better Green Bay						
A2. Committee/Conduit ID Number (if applicable)	A3. Email		A4. Phone			
	erik.b.eisenheim@	gmail.com	(920) 284			
A5. Mailing Address 843 Dousman Street	A6. City Green Bay		A7. State	A8. Zip 54303		
040 Bodsman Greet	Oreen bay		VVI	54303		
SECTION B: REPORT INFORMATION						
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September		Pre-Primary Pre-Election	B2. Special Election Date (if applicable)		
	Fall Pre-Election		Post-Election			
Reporting Period The start date for your campaign finance report should be the day for		B3. Reporting Pe 1/1/21	riod Start Date			
previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. B4. Reporting Period End Date						
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar 6/30/21						
Party and Legislative Campaign Committees Only						
B5. Is This Report for Your General Fund or Segregated Fund General Fund	Account? (Choose One)					
SECTION C: LIMITED ACTIVITY REPOR	TING EXEMPTION	(OPTIONAL	.)			
Filing Exemption Registrants that will not accept contributions, make disbursements, aggregate amount of more than \$2,000 in a calendar year are eligible campaign finance reports. Exempt status is effective only for the call granted. Registrants wishing to remain on exempt status must renew not claim exemption in the year of their election before the day they	ole for exemption from filing endar year in which it is veach year. Candidates may	Yes, this reg and would li calendar yea	ke to request an	nation e for a filing exemption exemption for this nesting exemption		
SECTION D: CERTIFICATION						
I certify that the above named registrant has not engaged in any find the same as previously reported. This report fulfills the requirement			s report and that th	he cash balance remains		
Authorized Representative						
D1. Printed Name Erik Eisenheim	Signature S			D3. Date 7/16/21		
			14 14 14 14 14 14 14 14 14 14 14 14 14 1			





CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

SECTION A: REGISTRANT INFORMATION	ON					
A1. Name of Committee/Conduit (in full) Friends of Patrick Eve A2. Committee/Conduit ID Number (if applicable)	ahs					
	ACA-MARC ARCHITECTURE	attinet	A4. Phone 920 - 494.	-5 224		
1692 Nancy Ave	Patrickevans @ a AG. City Freen Bay		A7. State	A8. Zip 54303		
SECTION B: REPORT INFORMATION						
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special Special	Pre-Primary Pre-Election Post-Election	B2. Special Election Date (if applicable)		
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. B3. Reporting Period Start Date J D J B4. Reporting Period End Date						
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar Una 30, 2021						
B5. Is This Report for Your General Fund or Segregated Fund	Account? (Choose One)					
SECTION C: LIMITED ACTIVITY REPOR	TING EXEMPTION	I (OPTIONAL	.)			
Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot. C1. Exemption Request and Affirmation Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. No, this registrant is not requesting exemption						
SECTION D: CERTIFICATION						
I certify that the above named registrant has not engaged in any finathe same as previously reported. This report fulfills the requirement.	ancial transactions during the p s under W15. STAT. § 11.0103(3	period covered by this	s report and that th	ne cash balance remains		
Authorized Representative D1. Printed Name						
Patrick M. Evans	Signature miles miles	Lung		7/12/2021		





Campaign Finance Report—Statement of No Activity

STATE OF WISCONSIN

use any personany identifiable information from	uns form for any outer pe	irpose.	
SECTION A: REGISTRANT INFORMATION	ON		
A1. Name of Committee/Conduit (in full)			
THOMAS LUND			
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A4. P	hone
	Jundtree4en	21200.0g	920.462.2355
A5. Mailing Address	A6. City		A7. State A8. Zip W1 54313
2091 MAGY CANE	A6. City SUAMICO	ks (WI 54313
11		POR SIGNATURE	
SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One)			B2. Special Election
☐ January Continuing ☐ Spring Pre-Primary	Fall Pre-Primary	Special Pre-Pri	
July Continuing Spring Pre-Election	September Fall Pre-Election	Special Pre-Ele	MA SOUTH ON THE
	Fall Pre-Election	B3. Reporting Period St	
Reporting Period The start date for your campaign finance report should be the day j	following the end date of your	A	
previous campaign finance. Example: If your previous report had a	start date of January 1 and	B4. Reporting Period En	12021
an end date of June 30, this report should have a start date of July			
Review the filing calendar with reporting periods online at: https://	Ethics.wi.gov/FilingCalendar	JUNE	30,2021
Party and Legislative Campaign Committees Only			
B5. Is This Report for Your General Fund or Segregated Fund	Account? (Choose One)		
General Fund Segregated Fund			
SECTION C: LIMITED ACTIVITY REPOR	RTING EXEMPTION	(OPTIONAL)	
			1 1 1 2 2
Filing Exemption Registrants that will not accept contributions, make disbursements,	or incur obligations in an	C1. Exemption Request	is eligible for a filing exemption
aggregate amount of more than \$2,000 in a calendar year are eligi		and would like to	equest an exemption for this
campaign finance reports. Exempt status is effective only for the ca	ilendar year in which it is	calendar year.	
granted. Registrants wishing to remain on exempt status must rene not claim exemption in the year of their election before the day the		No, this registrant	is not requesting exemption
not claim exemption in the year of their election before the day the	y appear on the valiot.		
SECTION D: CERTIFICATION			
I certify that the above named registrant has not engaged in any fit	nancial transactions during the t	period covered by this repor	t and that the cash balance remains
the same as previously reported. This report fulfills the requiremen	uts under WIS. STAT. § 11.0103(3))(d).	1
Authorized Representative	0	0/	
D1. Printed Name D2.	Signature	////	D3. Date
Thomas Ulling of		Ortal	6-22-21
	-1/		
		(Lecelve
		4	00

CAMPAIGN LOCAL COMM		Received				
Is This Report an Amendment: Yes	No		II II 🔻 .			
Instructions for completing schedules are on the back	of each schedule.		JUL I 4 2021			
COMMITTEE IDENTIFICATION			Oh.			
MOYNIHAN COMNITTEE FOR RESPONSIBLE GOVERNMENTS						
City, State and Zip Code ASHWAUBENON WI 54313						
Please check if address is different than previously reported, and		istration Statement in the l	oack of this form.			
NAME OF REPORT						
January Continuing Pre-Primary July Continuing Pre-Election September Continuing Pre-Election		Fall Special	Termination Rep			
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date				
	¢					
1A. Contributions (Including Loans) from Individuals	\$ <u> </u>	\$ -				
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —				
1C. Other Income and Commercial Loans	\$06	\$06				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$06	\$06	a			
2. DISBURSEMENTS						
2A. Gross Expenditures	\$	s —				
2B. Contributions to Committees (Transfers-Out)	\$	\$				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ —	\$ <u> </u>				
CASH SUMMARY			ļ			
Cash Balance Beginning of Report	\$ 1,355.80	*				
Total Receipts	\$.06					
Subtotal	\$ 1,355.86					
Total Disbursements	\$					
CASH BALANCE END OF REPORT \$ 1355.86						
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$					
LOANS (Balance at the Close of This Period-3B)						
I certify that I have examined this report and to the best of my	v knowledge and belief it is	s true, correct and comple	ete.			
PATRICK W. MOYNIHAN, JR. Ema	anter to sudique of the solice of	Date: Com	07/13/21 Phone: 920.448.401(

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16)

The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Instructions for completing schedules are on the back of each schedule.

	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D
Date				Total
	NONE			
	, -			
	In-Kind Loan Conduit – Ethics ID#			
		- Annatana		
	In-Kind Loan Conduit – Ethics ID#			
	Check if: In-Kind I Loan Conduit - Ethics ID#			
	Check if: Lean Conduit Ethics ID#			
	Check if: Loan Conduit - Ethics ID#	***************************************		
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if:			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
		TOTAL ITEMIZED CONTRIBUTIONS	s	
	TOTAL ANON	IYMOUS CONTRIBUTIONS \$10 OR LESS	\$	

SCHEDULE 1-B

RECEIPTS

Contributions from Committees (Transfers-In)

	Page	2	of	7
<u> </u>				

Complete Committee Name Course Tree FOR RESPONSIBLE GOVERNMENT Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zlp Code	Amount of Contribution
	MONE	
****	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if:	
	Check if: In-Kind Loan	
	Check if:	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$
	TOTAL CONTRIBUTIONS (Targetter to) PROPERTY FROM COMMERCES	
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	•

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

	1				
Complete Committee Name	OMMITTEE	FOR	RESPONSI	3LE	COVERNMENT

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code of Source of Income Type of Income Amount NICOLET NATIONAL BANK 111 N. WASHINGTON ST 6ACON BAY, WI 54301 CAMPAIGN CHECKING ALCOUNT INTEREST 01/01-, 0(_ 06/30 2021 SUBTOTAL OTHER INCOME THIS PAGE TOTAL ITEMIZED OTHER INCOME TOTAL OTHER INCOME | \$



DISBURSEMENTS Gross Expenditures

Complete Committee Name	COMMITTEE	FOR	PESPAUSIBLE	CONDUMENT

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount Check if: In-Kind Offset Check if: In-Kind Offset Check if: n-Kind Offset Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ TOTAL ITEMIZED EXPENDITURES \$ TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES | \$

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name OVNIHAN	COMMITTEE	FOR	RESPONSIBLE	COVERNMENT
Instructions for completing	schedules are on the back of	each schedi	ıle.	

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D
			Total
	NONE		
	Porto		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if:		
	Check if: In-Kind Loan		
	Check if:		
	Check if: In-Kind Loan	,	
	Check if: In-Kind Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: In-Kind Loan		
		, \	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ -	

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

	MI HAD OMMITTEE F	ion Respons	BLE CO	JEU	UMENT	
Instructions	for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period		alive Payments his Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	DONE	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Del-						
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)	1			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Dale	Full Name Mailing Address and Tip Code of Condition					
Jale I I	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)	<u> </u>			
Date	Full Name, Mailing Address and Zip Code of Creditor					
I = I						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZE	OBLIGATIONS THIS	PAGE	\$ "	
		TOTAL ITEMIZED OBLIGATIONS \$				
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS	\$	
		TOTA	I INCLIDED OBLICA	TIONS	s	

SCHEDULE 3-B

Loans Individual, Committee or Commercial

		DITIONAL DIS					
Complete Comm	HAN COMMITTEE FO	OR REST	xonsible	Coltra	JURIT		
Instructions fo	r completing schedules are on the back of each so						
Date	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Perio	
1 1							
List All Endorse	rs or Guarantors (if any)						
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation					
O Guaranio		Amount Guarantee	ed Outstanding				
Full Name, Mai of Guarantor	ing Address and Zip Code	Occupation					
0. 000.07.10.		Amount Guarantee	ed Outstanding				
		s					
	Full Name, Mailing Address and Zip Code of Loan Sour	rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Perio	
Date / /							
List All Endorse	l rs or Guarantors (if any)						
Full Name, Mai	ling Address and Zip Code	Occupation					
of Guarantor		Amount Guarantee					
		\$	ed Odistanonig				
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation					
or Gueranio		Amount Guarante	ed Outstanding				
		s		•			
	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Perio	
Date / /							
List All Endorse	ers or Guarantors (if any)						
Full Name, Ma of Guarantor	ling Address and Zip Code	Occupation					
	Amount Guaranteed Outstanding						
		S			/		
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation				<u>.</u>	
37 Copramot		Amount Guarante	Amount Guaranteed Outstanding				
		\$			1		

END OF REPORT

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION	ON					
A1. Name of Committee/Conduit (in full) (i) 1. Zh						
A2. Committee/Conduit ID Number (if applicable)	A3. Email Seber Par Superv	au a Come J	920.680 6366			
A5. Mailing Address 490 May Cry Lane	Sieber Per Supervi A6. City Frem Bay	(01)	A7. State A8. Zip WS 54311			
SECTION B: REPORT INFORMATION						
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special Pre-Pr Special Pre-Ele Special Post-E	ection Election			
Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. B3. Reporting Period Start Date 6) 0) 7000 B4. Reporting Period End Date						
Review the filing calendar with reporting periods online at: https://	Ethics.wi.gov/FilingCalendar	07/01				
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund General Fund Segregated Fund	Account? (Choose One)		,			
SECTION C: LIMITED ACTIVITY REPOR	RTING EXEMPTION	(OPTIONAL)				
Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot. C1. Exemption Request and Affirmation Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. No, this registrant is not requesting exemption						
SECTION D: CERTIFICATION						
I certify that the above named registrant has not engaged in any fit the same as previously reported. This report fulfills the requirement	nancial transactions during the p uts under W18. STAT. § 11.0103(3	period covered by this report (d).	rt and that the cash balance remains			
Authorized Representative	6:		D3. Date			
70 m Siebe	Signature		7/3/2			

Recopy of Part State Property State



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

Recolusion States

SECTION A: REGISTRANT INFORMATION Al. Name of Committee/Conduit (in full) Strecken buch for County A2. Committee/Conduit ID Number (if applicable) A5. Mailing Address 205 Mirramar DR.		A4. P	hone 0 2 28 2 2 3 1 A7. State A8. Zip W1 5-(3)	. (
SECTION B: REPORT INFORMATION B1. Report Type (Choose One) January Continuing Spring Pre-Primary Spring Pre-Election Reporting Period Spring Pre-Election Reporting Period Spring Pre-Election Spring Pre-Election Reporting Period The start date for your campaign finance report should be the day for previous campaign finance. Example: If your previous report had a an end date of June 30, this report should have a start date of July I Review the filing calendar with reporting periods online at: https://leparty and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Segregated Fund	start date of January 1 and L Ethics.wi.gov/FilingCalendar	Special Pre-Pri Special Pre-Ele Special Post-Ele Special Post-Ele Special Post-Ele Special Post-Ele B3. Reporting Period Sta	ection ection art Date 2 C2 (dd Date	
SECTION C: LIMITED ACTIVITY REPOR Filing Exemption Registrants that will not accept contributions, make disbursements, aggregate amount of more than \$2,000 in a calendar year are eligibe campaign finance reports. Exempt status is effective only for the cal granted. Registrants wishing to remain on exempt status must renew not claim exemption in the year of their election before the day they	or incur obligations in an ble for exemption from filing endar year in which it is each year. Candidates may	C1. Exemption Request Yes, this registrant	is eligible for a filing e equest an exemption fo	r this
SECTION D: CERTIFICATION I certify that the above named registrant has not engaged in any fine the same as previously reported. This report fulfills the requirement. Authorized Representative DI. Printed Name D2. S	ancial transactions during the ps under Wis. STAT. § 11.0103(3)	eriod covered by this report	D3. Date	,



				4				
IT INFORMATION	11) Vander Leeve hommister 32-0999	et Green BAU WIT SY304 SORMATION	Spring Pre-Prinary Fall Pre-Primary Special Pre-Primary Special Pre-Primary Special Pre-Election Special Pre-Election Special Pre-Election	Reporting Period The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://doi.org/10.1007	aign Committees Only General Fund or Segregated Fund Account? (Choose One)	SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL) Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing exemption and would like to request an eventption for this granted Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.	TFICATION registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains	ort juliilis the requirements under 1815, Stat & 11 0103(3)(d) OR LE PSF (MM MM MM MM MM) 7/14/2021
SECTION A: REGISTRANT INFORMATION	AI. Name of Committee (Conduit (in full) (M. 17) (M. 1	16/6 9th Street SECTION B: REPORT INFORMATION	B1. Report Type (Choose One) January Continuing S	Reporting Perind The start date for your campaign finance report should be the day fo previous campaign finance. Example. If your previous report had a san end date of June 30, this report should have a start date of July 1. Review the filting cutendar with reporting periods online at https://E	Party and Legislative Campaign Committees Only B5. Is Ulighteport for Your General Fund or Segre General Fund Segregat	SECTION C: LIMITED ACTIFING Exemption Registrants that will not accept contributions. aggregate amount of more than \$2,000 in a cc campaign finance reports. Exempt status is eff granted Registrants wishing to remain on exe not claim exemption in the year of their election	SECTION D: CERTIFICATION	the same as previously reported. This report judfills the requirements under 1815. STAT Authorized Representative DI. Printed Name DA. Spenabure DA. Mandell R. C. Spenabure DA. Spenabure